

**COMMONWEALTH OF KENTUCKY  
WORKERS' COMPENSATION NOTICE**

Employees of this business are covered by the Kentucky Workers' compensation Act (KRS Chapter 342). Conspicuous posting of the Notice is required by law. Effective 8/15/2005:

Employer Name: Commonwealth of Kentucky  
Address: 200 Fair Oaks Lane, Room 511  
Frankfort, KY 40601

Workers Compensation TPA: CCMSI  
Policy Number: Self-Insured  
Address: PO Box 43009  
Louisville, KY 40253

Telephone: (866) 320-8456  
Contact Person: Mary Carney

**EMPLOYEES: IF INJURED – NOTIFY your supervisor IMMEDIATELY; when possible Notice should be in writing. FAILURE to notify your supervisor could result in denial of benefits. OBTAIN MEDICAL CARE. Your employer must pay for ALL NECESSARY MEDICAL CARE to treat a workplace injury.**

**If the employer is enrolled in an approved Managed Care Plan employee selection of physicians is LIMITED to the Approved Provider Network, except in certain emergencies. FOR INJURIES REQUIRING CONTINUING CARE the EMPLOYEE MUST DESIGNATE A TREATING PHYSICIAN, a Form 113 will be furnished by your employer or its insurance carrier for this purpose.**

**This employer is participating in a Managed Care Plan for medical care effective 10/1/2005. For information regarding participating physicians call 1-866-361-6899.**

**DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers Compensation Act after seven (7) days of disability. A CLAIM MUST BE filed with the Department of Workers Claim WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits for continuing benefits.**

**NEED ASSISTANCE? Contact your employer's claim representative or Workers' Compensation Branch, Personnel Cabinet at 1-502-564-6847. If your question about workers' compensation is not resolved, call THE OFFICE OF WORKERS' CLAIMS AT 1-800-554-8601 to speak to an Ombudsman or Workers Compensation Specialist.**

**EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT A TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.**

AN EQUAL OPPORTUNITY EMPLOYER M F D